

PUBLIC HEALTH REPORT

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AT ITS MARCH MEETING in Berkeley, the State Board of Public Health adopted regulations requiring laboratory notification to local health officers of findings suggestive of communicable disease. These regulations, effective April 25, apply to diphtheria, gonorrhea, syphilis, tuberculosis, and typhoid.

Currently, some 15 states have similar regulations and about 18 others have them under active consideration. Regulations were adopted in California on the basis of the beneficial results already obtained in other states.

For example: In the two-year period before Pennsylvania's 1958 regulation, private physicians reported 1,554 cases of syphilis. In the two subsequent years, this figure rose to 13,406, or an increase of 763 per cent. More important, the increase in reporting of infectious syphilis was of the order of 400 per cent. Comparable experience is reported from Chicago.

Spot surveys in California have shown that venereal disease is substantially underreported. The eradication of venereal disease is dependent on carrying out epidemiologic follow-up with reference to each infectious patient. The health officer cannot fulfill his obligation with reference to the VD prevention and control program when he does not know that a case exists.

Epidemiologic case finding and follow-up procedures must be and are carried out by specialized health department staff without embarrassment to the physician or his patient and without violation of the confidential nature of information received. Usually this health department service to the private physician relieves him of a time-consuming chore that, because of heavy patient load, probably would not otherwise be done.

There is also evidence that a great deal of tuberculosis remains unreported. Death certificates for 1960 show that 9.2 per cent of all new cases reported that year were in persons dead at the time the report was made. Nearly 95 per cent of these were in the age group over 30 years and the lesions were far advanced, indicating long duration of the disease with probable exposure of many other persons with whom the deceased had come in contact.

It is emphasized that laboratory notification of evidence of communicable disease does not consti-

tute a diagnosis. As in all clinical procedures, the laboratory is functioning as an aid to help the physician arrive at a diagnosis. By the same token, laboratory notification is not "reporting." Only the attending physician can report the case once he has made the diagnosis.

It is also stressed that the laboratory notification, like the physician's morbidity report, is confidential and not open to public inspection.

While the new regulation does entail some additional work by laboratories, physicians and health departments, the responsibilities of the physician and the health officer are not new, since they already are formulated in existing regulations. The new requirement provides epidemic intelligence data not formerly available to the health officer in carrying out his duties. It should be of great value to him as well as to the attending physician in the discharge of their mutual responsibility to the community for the control of communicable disease.

It is anticipated that this regulation will result in greater awareness on the part of practicing physicians and increased use by them of health department services such as epidemiologic follow-up of patients, reference laboratory procedures for confirmatory tests, identification of atypical organisms, typing of bacteria and determination of micro-organism drug sensitivity (with reference to patients under treatment for tuberculosis).

If his new regulation is viewed by the clinical laboratory director and the attending physician as providing one more source of epidemic intelligence to the health officer in the fight against communicable disease, and if all three utilize the information provided intelligently and efficiently, the traditional and desirable physician-patient relationship will not be disturbed, the patient's right to confidentiality will be adequately protected, the physician will feel free to report the case as required and the health officer will know a good deal more about the true status of communicable disease in his jurisdiction than he now does.

Copies of the regulation can be obtained on request to the Bureau of Communicable Disease, State Department of Public Health, 2151 Berkeley Way, Berkeley.